



**GREAT BASIN
COORDINATING GROUP**

Department of the Interior
Bureau of Land Management
Idaho, Nevada, and Utah, Arizona
National Park Service
Intermountain Region
Pacific West Region
Bureau of Indian Affairs
Western Region
Fish and Wildlife Service
a Mountain Prairie and Pacific Region

Department of Agriculture
Forest Service
Intermountain Region

State Agencies
Idaho, Utah, and Nevada

November 21, 2005

To: Agency Administrators, Fire Management Officers, Dispatch
Center Managers and Incident Management Team Members

From: Chair, Great Basin Coordinating Group(GBCG)

Subject: Great Basin Incident Commander Selection(s)

The purpose of this letter is to remind those of you with questions about the selection(s) of a new Incident Commander(IC) positions. As stated in the Great Basin Mobilization Guide, Supplements, April, 2005 section, page 6, K.6. **When an IC changes, all of the members of that team must reapply for the next fire season. This allows the new IC the opportunity to form a new core team.** Have nominees complete the appropriate nomination form(s), and return them through their supervisors **to their respective Agency Representative** who will then forward them to the appropriate Great Basin Coordination Center by **January 15, 2006.**

Thank you,

/s/Sheldon Wimmer

Sheldon Wimmer, Chair GBCG

Authenticated: Cherie Ausgostharp
Executive Secretary GBCG

cc: GBCG members

Dave Hart, Eastern Great Basin Coordination Center

Nelda St. Clair, Western Great Basin Coordination Center

**GREAT BASIN NOMINATION FORM
INCIDENT MANAGEMENT TEAMS
FIRE USE TEAMS**

All individuals applying for positions as a primary, alternate or trainee must submit this Great Basin Incident Management Nomination Form and a copy of their current Incident Qualifications record to their agency representative. All applications must be approved by the applicant's immediate supervisor, include any other required local agency approvals, and be submitted to the Great Basin Operations Committee.

APPLICANT BASIC INFORMATION:

Applicant Name: _____ Agency/Unit: _____

AD/Contractor _____ Sponsoring Agency: _____

Phone: _____ Cell Phone: _____

E-mail: _____ Office Fax: _____

New Applicant _____ Re-applying _____ Team Name _____

POSITION(S) APPLIED: *(Be sure to list ALL positions that you would like to be considered for)*

PREFERENCE	POSITION NAME	TEAM TYPE (IMT1, IMT2, FUMT)	POSITION STATUS (Primary, Alternate, Trainee)	Comments (i.e. Shared positions)
1				
2				
3				
4				
5				

INCIDENT TEAM AVAILABILITY: (Check One)

- ☐ I am available as primary.
- ☐ I am available as an alternate.

ALL RISK PARTICIPATION*: (Check One)

- ☐ I am also available for non-fire "all risk" incident assignments.
- ☐ I am not available for non-fire "all risk" incident assignments.

* Unavailability for all-risk will not reduce your chance of being selected for fire team participation.

APPLICANT SIGNATURE AND SUPERVISORY APPROVALS:

I understand that if selected, the nominee is committed for a minimum of three years as a member of an Incident Management Team. Commitments for trainees are for the period of time necessary to meet training requirements.

Applicant _____ Date: _____

I concur with the goals, commitment, and availability of the applicant for the position(s) applied.

Immediate Supervisor _____ Date: _____

Print Name _____

Applicant or Supervisor Remarks: (If any)

DEVELOPMENTAL TRAINING: If you are interested in being mentored to become qualified in a position, even if it is several steps above your current qualifications, please list the position(s) you would like to be considered for. (This is not a wish list - list only position(s) that you will work toward, and are willing to make the necessary commitment to serve in upon qualification).

1. _____
2. _____

REVIEW AND REFERRAL:

I have reviewed this application and the candidate is qualified for the position(s) which have been applied for as a Primary, Alternate, and/or in Trainee status.

Agency Approval _____ Date: _____

Out of GACC Approval _____ Date: _____

APPLICANT CHECKLIST:

- Applicant Basic Information, Position(s) Applied, and All-Risk Participation..... COMPLETE ☐
- Current Incident Qualification and Certification System (IQCS) master record including, Fire Training, Experience, and Qualifications record(s) documenting qualification for positions applied (or agency equivalent)..... ATTACHED ☐
- Applicant, Immediate Supervisor, and other local approvals.....COMPLETE ☐